

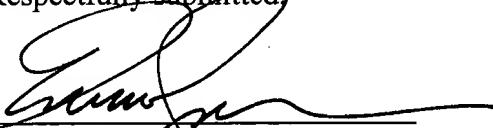
11. Petition for Filing Reissue Application by other than all of the Inventors, including supporting declarations of Andrew Agnew and John T. Polasek;
12. Copy of Certificate of Correction dated April 2, 1996.

A check in the amount of \$1085.00 is enclosed; \$930.00 for the filing fee, \$25.00 for the Title Report, and \$130.00 for the Petition for Filing Reissue Application by Other Than All the Inventors.

If for any reason the check is missing or insufficient, the Commissioner is authorized to charge any additional fees which may be required (or credit any overpayment) to Deposit Account No. 20-1299; Order No. 2553.004/EWG.

If any additional informalities are identified by the Examiner, please contact the undersigned attorney at (713) 877-1515.

Respectfully submitted,



Edward W. Goldstein

Reg. No. 22945

TOBOR & GOLDSTEIN, L.L.P.

1360 Post Oak Blvd., Suite 2300

Houston, TX 77056

Telephone: 713/877-1515

Facsimile: 713/877-1145

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Attorney Docket No.: 2553.004

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Date: August 15, 1997

MANUAL OF PATENT EXAMINING PROCEDURE

PTO/SB/56 (6-95)

Approved for use through 05/31/98. OMB 0651-0033
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

REISSUE APPLICATION FEE DETERMINATION RECORD						Docket Number (Optional)		
						2553.004 EWG		
Claims as Filed - Part 1								
Claims in Patent	For	Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 3	Total Claims (37 CFR 1.16(f))	(B) 13	0	x \$	=	x \$80	= 0	
(C) 3	Independent Claims (37 CFR 1.16(f))	(D) 5	2	x \$	=	x \$80	= 160	
Basic Fee (37 CFR 1.16(h))				\$		\$770.		
Total Filing Fee				\$		OR	\$930.	
Claims as Amended - Part 2								
Total Claims (37 CFR 1.16(f))	(1) Claims Remaining After Amendment	MINUS	(2) Highest Number Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Independent Claims (37 CFR 1.16(f))	***	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee				\$		OR	\$	
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims</p> <p>**** If "A" is greater than 20, use (B - A); if "A" is 20 or less, use (B - 20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p> <p><input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. 20-1299.</p> <p>A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ 1085.00 to cover the filing / additional fee is enclosed.</p>								
8/21/97								
Date		Signature of Applicant, Attorney or Agent of Record						
		Edward W. Goldstein						
		Typed or printed name						

**Burden Hour Statement: This form is estimated to take 5 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.